Community Enhancement/Code Enforcement Division 20 Courthouse Square • Suite 205 • Rockville, MD 20850 • 240-314-8330

## 

## Landlord/Tenant Complaint Form

➤ All information requested must be furnished (please type or print clearly, incomplete or illegible applications will be returned).

All information requested must be	iurnisneu ( <i>piease type or print ciearry</i>	, incomplete of megible applications v	viii be returnea).
PROPERTY INFORMATION			
Property Address			
Tenant Name			
Tenant Address (If different from above)			
Tenant Phone No. Cell:	Home:	Work:	
OWNER/MANAGING AGENT/	COMPANY INFORMATION		
Name of Owner/Complex			
Contact Person Name			
Address			
Phone No. Cell:	Home:	Work:	
Type of Complaint:  Security Deposit Lease No Please state specific complaint and what			
I hereby certify that the statements made information and belief.	on this form and in the attached docum	ents are true and complete to the best of	f my knowledge,
Signature of Applicant		Title	